

Form No. 1.

## (1) PLACE OF BIRTH

County of AlbionTownship of Bordmanor  
Inc. Town of near Melbournor  
City of (No.)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5591

Registration District No. 101 Registered No. 12

(For use of Local Registrar)

St.; Ward

If child is not yet named, make supplemental report as directed

(2) Full Name of Child Charlie Carol(3) ~~Boy~~ or  
GIRL?(4) Twin  
or Triplet?(5) Number in  
order of birth 5  
To be answered only in event of Twins or Triplets(6) Are  
Parents  
Married? yes(7) DATE OF Mar. 30 1915  
BIRTH (Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME J. L. Carol(9) PRESENT  
POSTOFFICE  
OF FATHER McCommach S.C.(10) COLOR  
OR  
RACE white (11) AGE AT LAST  
BIRTHDAY 30 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to  
mother, including present birth 5

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Eva Kotts(15) PRESENT  
POSTOFFICE  
OF MOTHER McCommach S.C.(16) COLOR  
OR  
RACE white (17) AGE AT LAST  
BIRTHDAY 32 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION house wife(21) Number of children of this mother  
now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 5 M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) B. A. Matthei M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
M.D. McCommach S.C.Given name added from a supplemen-  
tal report

191

Registrar

(26) Witness (Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed April 9 1915 (28) J. B. Dawson  
Local Registrar.\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If  
a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the  
fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.